Bureau of Health Care Quality and Compliance

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
	NVS5428PCA		B. WING		09/2	20/2010	
SILVED STATE DEDSONAL CADE		1800 E SAH	T ADDRESS, CITY, STATE, ZIP CODE  E SAHARA STE 106				
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION	RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE		
Initial Comments  This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 9/14/2010 and finalized on 9/20/2010, in accordance with Nevada Administrative Code, Chapter 449, Personal Care Agencies.  Complaint #NV00026183 was substantiated with deficiencies cited.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  The following deficiencies were identified:		P 000					
Sec. 13. 1. Except as subsection, each licer operate an agency is issued to a specific properate an agency at agency at agency maintains the attendants, other mer agency and operation specific location design. The name of the peresponsible for the comust appear on the face.	s otherwise provided in a nse issued to separate and distinct a erson to operate the ocation. A person may multiple work stations records for the clients, mbers of the staff of the ns of the agency at the gnated on the license. erson who is designate onduct of the agency ace of the license.	if the	P 030				
	SUMMARY ST (EACH DEFICIENC REGULATORY OR  Initial Comments  This Statement of De a result of a complair your facility on 9/14/2 9/20/2010, in accorda Administrative Code, Agencies.  Complaint #NV00026 deficiencies cited.  The findings and con by the Health Division prohibiting any crimin actions or other claim available to any party state or local laws.  The following deficier  Section 13.1(1-2) Lic  Sec. 13. 1. Except as subsection, each lice operate an agency is issued to a specific p agency at a specific I operate an agency at agency maintains the attendants, other mer agency and operatior specific location desig 2. The name of the por responsible for the comust appear on the fa	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUR REGULATORY OR LSC IDENTIFYING INFORMATION INTO INFORMATION IN STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUR REGULATORY OR LSC IDENTIFYING INFORMATION IN INFORMATION	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 9/14/2010 and finalized on 9/20/2010, in accordance with Nevada Administrative Code, Chapter 449, Personal Care Agencies.  Complaint #NV00026183 was substantiated with deficiencies cited.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  The following deficiencies were identified:  Section 13.1(1-2) Licensure  Sec. 13. 1. Except as otherwise provided in this subsection, each license issued to operate an agency is separate and distinct and is issued to a specific location. A person may operate an agency at multiple work stations if the agency at a specific location. A person may operate an agency at multiple work stations if the agency maintains the records for the clients, attendants, other members of the staff of the agency and operations of the agency at the specific location designated on the license.  2. The name of the person who is designated as responsible for the conduct of the agency	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  P 000  This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 9/14/2010 and finalized on 9/20/2010, in accordance with Nevada Administrative Code, Chapter 449, Personal Care Agencies.  Complaint #NV00026183 was substantiated with deficiencies cited.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  The following deficiencies were identified:  Section 13.1(1-2) Licensure  P 030  P 030  P 030  P 040  P 050  P	ATE PERSONAL CARE    1800 E SAHARA STE 106 LAS VEGAS, NV 89104	ATE PERSONAL CARE    SUMMARY STATEMENT OF DEFICIENCIES   IP   PROVIDER'S PLAN OF CORRECTION   RECOLLATORY OR LISC IDENTIFYING INFORMATION)   PREFIX   TAG   CROSS-REFERENCE TO THE APPROPRIATE   DEFICIENCY	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality and Compliance

AND DUAN OF CODDECTION		. ,	(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			—· ·	A. BUILDING				
		NVS5428PCA		B. WING		09/20/2010		
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
TANKE OF THOMBER OR OUT ELEK			HARA STE 106					
SILVER S	TATE PERSONAL CARE			S, NV 89104				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF C	` '		
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	E APPROPRIATE	COMPLETE DATE	
P 030	Continued From page 1			P 030				
	Based on record review, employee interviews, and observation of the agency's license from the Bureau of Health Care Quality and Compliance, the agency failed to notify the Bureau of changes in the management staff.  1. The name of the administrator who is designated as responsible for the conduct of the agency does not match the name of the							
		n the agency's license.						
	Scope: 2 Severity:	2						
P 060	Section 14.1(2) Administrator Responsibilities		es	P 060				
	the licensee in the dathe agency and shall his authority in his abresponsibilities of an without limitation:  (a) Employing qualifier for their training;  (b) Ensuring that only providing services to and that such services accordance with the service plan estall policies and procedur (c) Developing and in and reporting system fiscal experience and the agency;	appoint a person to except administrator include, administrator include, add personnel and arranger trained attendants are a client of the agency as are provided in functional assessment of the agency; and that reflects the account that reflects the accurate financial position of the envices provided by contagal requirements	ging of the d the ting on of					
	(e) Providing oversigl attendants and other							

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
NVS5428PCA			B. WING		09/20/2010		
			STREET ADD	RESS, CITY, STA	TE. ZIP CODE		72072010
SII VED STATE DEDSONAL CADE		1800 E SAH	E SAHARA STE 106 VEGAS, NV 89104				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		I	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	CTION SHOULD BE COMPLE THE APPROPRIATE DATE	
P 060	Continued From page 2			P 060			
	the agency receive needed services; (f) Developing and implementing policies and procedures for the agency, including, without limitation, policies and procedures concerning terminating the personal care services provided to a client; (g) Designating one or more employees of the agency to be in charge of the agency during those times when the administrator is absent; and (h) Demonstrating to the Health Division upon request that the agency has sufficient resources and the capability to satisfy the requests of each client of the agency related to the provision of the personal care services described in the service plan to the client.						
	This STANDARD is not met as evidenced by: Based on interview and document review, the agency failed to provide enough time and resources for the administrator of the agency to provide oversight and direction for the staff of the agency to ensure that clients receive appropriate and needed services.  1. The administrator of Sucasa Personal Care agency has also been designated by the Addus HealthCare corporation to be the administrator of three additional personal care agency sites that are all located at different addresses. These three PCA agencies were licensed separately to operate independently at their specific address. They are: 1) Silver State Personal Care located at 1800 E Sahara Ste. 106 Las Vegas, NV 2) Desert PCA located at 2140 W. Charleston Blvd Ste. A Las Vegas, NV and 3) Greater Vegas PCA located at 4905 W. Alta Drive Las Vegas, NV. This new assignment brings the number of						

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER. IDENTIFICATION NUMB  NVS5428PCA			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. MING		(X3) DATE SURVEY COMPLETED			
			B. WING		09/20/2010			
NAME OF PROVIDER OR SUPPLIER STF		STREET ADD	RESS, CITY, STA	TE, ZIP CODE				
SILVER STATE PERSONAL CARE			1800 E SAHARA STE 106 LAS VEGAS, NV 89104					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
P 060	Continued From page agencies one administotal of four (4) person Scope: 2 Severity: 2	strator is responsible fo nal care agencies.	r to a	P 060				